

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N94000001863

1. Entity Name
JADE EAST TOWERS OWNERS ASSOCIATION, INC.



Principal Place of Business
1018 E. HIGHWAY 98
DESTIN, FL 32541

Mailing Address
1018 E. HIGHWAY 98
DESTIN, FL 32541

FILED
Jan 15, 2004 08:00 AM
Secretary of State



01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3371709

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCOTT, WALTER D
1018 HIGHWAY 98 EAST
DESTIN, FL 32541

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MASON, JAMES
STREET ADDRESS 1680 MANHASSETT FARM ROAD
CITY-ST-ZIP DUNWOODY, GA 30338

TITLE STD
NAME WARFORD, C. E.
STREET ADDRESS 5610 EDGEWICK CT.
CITY-ST-ZIP HOUSTON, TX 77069

TITLE D
NAME MAYFIELD, WILLIAM
STREET ADDRESS 1391 WESLEY PKWY
CITY-ST-ZIP ATLANTA, GA 30327

TITLE D
NAME FAUST, JERRY
STREET ADDRESS 5692 ASHLEY SQ. N.
CITY-ST-ZIP MEMPHIS, TN 38120

TITLE VD
NAME AWBREY, MARK
STREET ADDRESS 1219 MAIN STREET
CITY-ST-ZIP ROANOKE, AL 36274

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000005864
01/16/04-80008-006 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 12, 2004 850-654-4
Date Daytime Phone #